



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

[REDACTED]

PRELIMINARY RECITALS

Pursuant to a petition filed July 21, 2015, under Wis. Stat., §49.45(5), to review a decision by the Marathon County Dept. of Social Services in regard to Medical Assistance (MA), a hearing was held on September 9, 2015, by telephone.

The issue for determination is whether the county correctly determined petitioner's income for MA purposes.

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: [REDACTED]
Marathon County Dept. of Social Services
400 E. Thomas Street
Wausau, WI 54403

ADMINISTRATIVE LAW JUDGE:

Brian C. Schneider
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Marathon County.
2. Since 2011 petitioner has been eligible for MA under the Medicaid Purchase Plan (MAPP). Petitioner is disabled and received \$1,109 monthly social security. At a review in June, 2015, petitioner reported a new job as a senior aide. The job is a federally-funded Title V position.

3. The county added the \$580 monthly employment income to petitioner's MAPP budget. By a notice dated July 17, 2015, the county informed petitioner that she would be required to pay a MAPP premium of \$275 monthly based upon gross income of \$1,689.

DISCUSSION

The MAPP program allows disabled individuals to work but to retain eligibility for MA. Wis. Stat., §49.472; MA Handbook, Appendix 26.1. If net income is below 250% of the federal poverty level, the person is eligible for the program. Wis. Admin. Code, §HFS 103.03(8)(b); Handbook, App. 26.4.2. 250% of the poverty level is \$2,452.08. Handbook, App. 39.5. Petitioner's income is well below that level.

If gross income is above 150% of the federal poverty level, the person is required to pay a monthly premium to receive MAPP benefits. Wis. Admin. Code, §HFS 103.087(1)(b); MA Handbook, App. 26.5.1. 150% of the poverty level for one person is \$1,471.25. Handbook, App. 39.5. Petitioner's gross income of \$1,689 per month is over that limit.

To determine the premium, the agency deducts a \$20 disregard and an earned income deduction to get net income. Then a standard living allowance of \$836 is deducted. Handbook, App. 26.5.1 and 39.4.2. There are also deductions for work expenses, remedial medical expenses, and cost-of-living adjustments. Remedial medical expenses are anticipated expenses that include deductibles and co-payments, health insurance premiums, and bills for medical services that are not covered by the MA program. Handbook, App. 15.7.3.

In petitioner's case, her net income for premium purposes was \$290.40, and the premium for income in that range is \$275. Handbook, App. 39.10.

The primary issue raised by petitioner was the budgeting of her senior aide income. As noted by Ms. [REDACTED] such income is exempt for the FoodShare program, but not for MAPP. The MA Handbook, App. 15.5.3 specifically tells the county agencies that Title V employment income is counted for MA purposes. I must conclude, therefore, that the county correctly budgeted petitioner's senior aide income, and that it correctly calculated monthly \$275 MAPP premium.

CONCLUSIONS OF LAW

The county correctly determined a monthly MAPP premium for petitioner based upon her social security and earned income.

THEREFORE, it is


ORDERED

That the petition for review is hereby dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and



why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

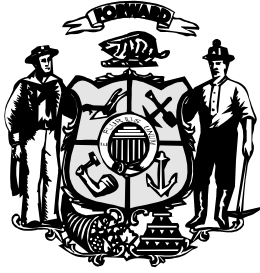
APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,
Wisconsin, this 14th day of September, 2015

\sBrian C. Schneider
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on September 14, 2015.

Marathon County Department of Social Services
Division of Health Care Access and Accountability